KOLAR Document ID: 1464202

Kansas Corporation Commission Oil & Gas Conservation Division

July 2017
Form must be Typed
Form must be signed
All blanks must be complete

# TEMPORARY ABANDONMENT WELL APPLICATION

| OPERATOR: License#   |                     |   |            |        | API No. 15-       |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
|--|---------------------|---|------------|--------|-------------------|-----------------|----------------------------|-------------|------------------|----------|-----------------------|------------------------|--|--|--|-----|--|--|--|--|---|
| Name:  |                     |   |            |        | Spot Description: |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| Address 1:   |                     |   |            |        |                   | •               | Twp                        |             |                  | E W      |                       |                        |  |  |  |     |  |  |  |  |   |
| Address 2:   |                     |   |            |        |                   |                 | feet fro                   |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| City:  |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
|  |                     |   |            |        |                   |                 |                            |             |                  |          | Contact Person Email: |                        |  |  |  | · · |  |  |  |  | _ |
|  |                     |   |            |        |                   |                 |                            |             |                  |          | Field Contact Person: | Well Type: (check one) |  |  |  |     |  |  |  |  |   |
| Field Contact Person Phone:  |                     |   |            |        |                   |                 | E1                         |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| riela Contact i erson i rione.   | ()                  |   |            |        | _                 | orage Permit #: |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
|  |                     |   |            |        | Spud Date:        |                 | Date Sh                    | ut-In:      |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
|  | Conductor           | Surfa   | ace        | Pro    | duction           | Intermediate    | Lin                        | ier         | Tubing           |          |                       |                        |  |  |  |     |  |  |  |  |   |
| Size   |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| Setting Depth  |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| Amount of Cement   |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| Top of Cement  |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| Bottom of Cement   |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| Depth and Type:  Junk in  Type Completion:  ALT. I  Packer Type:  Total Depth: | ALT. II Depth Size: | of: DV Too                                    | ol:(depth) | w / _  | sacks             | s of cement Po  | ort Collar:(depth)<br>Feet |             |                  | f cement |                       |                        |  |  |  |     |  |  |  |  |   |
| Geological Date:   |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| Formation Name   | Formation           | Ton Formati                                   | on Base    |        |                   | Comple          | tion Information           |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
|  |                     | Formation Top Formation Base At: to Feet Perf |            | Porfo  | ration Interval   | ·               |                            | le Interval | toFeet           |          |                       |                        |  |  |  |     |  |  |  |  |   |
| 2  |                     | to  |            |        |                   |                 | Feet or Open Ho            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
|  |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| IINDED BENALTY OF BED  | HIDV I HEDEDV ATT   |   |            |        | ctronically       |                 | COBBECTTOTU                | E BEST OF   | MAN NIOWN E      | DOE      |                       |                        |  |  |  |     |  |  |  |  |   |
| Do NOT Write in This<br>Space - KCC USE ONLY                                   | Date Tested:        |   | Results:   |        |                   | Date Plugged:   | Date Repaired              | : Date P    | out Back in Serv | rice:    |                       |                        |  |  |  |     |  |  |  |  |   |
| Review Completed by:   |                     |   |            | _ Comm | ents:             |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
| TA Approved: Yes   |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |
|  |                     |   |            |        |                   |                 |                            |             |                  |          |                       |                        |  |  |  |     |  |  |  |  |   |

### Mail to the Appropriate KCC Conservation Office:

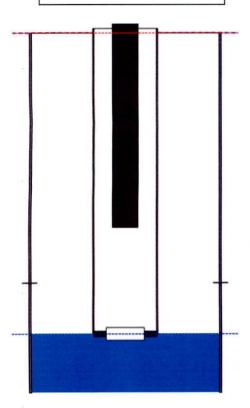
| these base from two tops on and first many made was form   | KCC District Office #1 - 210 E. Frontview, Suite A, Dodge City, KS 67801               | Phone 620.682.7933 |
|--|--|--------------------|
| 100  | KCC District Office #2 - 3450 N. Rock Road, Building 600, Suite 601, Wichita, KS 67226 | Phone 316.337.7400 |
| The control of the co | KCC District Office #3 - 137 E. 21st St., Chanute, KS 66720                            | Phone 620.902.6450 |
| Similar State Stat | KCC District Office #4 - 2301 E. 13th Street, Hays, KS 67601-2651                      | Phone 785.261.6250 |



## Mowry #2 04/15/2019 04:46:43PM



### Producing Shot Manual Input



# Manually Entered Production

Liquid Level Percent Liquid 1200 ft 100.00%

# Static Bottomhole Pressure \*.\* psi (g) @ \*.\* ft TVD

Static Liquid Level
Oil Column Height
Water Column Height
930 ft MD
\*.\* ft MD
\*.\* ft MD

# Pressure Profile (TVD)

nsi (n)

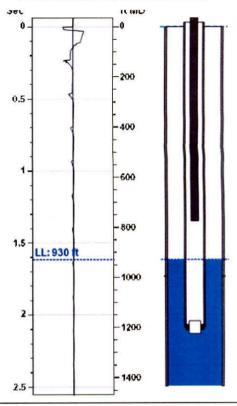
### **Well Test**

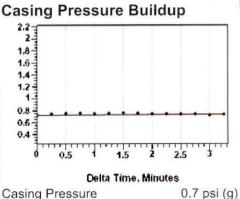
Oil Water \*.\* BBL/D \*.\* BBL/D

# Comments and Recommendations

Mowry #2 Static Fluid Level 2 (4-15-19) - Acoustic Test

### Static Shot 04/15/2019 04:46:43PM





Buildup
Buildup Time
Gas Gravity

0.7 psi (g) 0.0 psi (g) 3 min 15 sec

# Casing Pressure

Pressure

0.7 psi (g)

### **Annular Gas Flow**

Gas Flow

\*.\* Mscf/D

Conservation Division District Office No. 4 2301 E. 13th Street Hays, KS 67601-2651



Phone: 785-261-6250 Fax: 785-625-0564 http://kcc.ks.gov/

Laura Kelly, Governor

Dwight D. Keen, Chair Shari Feist Albrecht, Commissioner Susan K. Duffy, Commissioner

July 18, 2019

Mindy Wooten Trek AEC, LLC 200 W DOUGLAS, SUITE 101 WICHITA, KS 67202

Re: Temporary Abandonment API 15-163-22146-00-01 MOWRY 2 NW/4 Sec.28-10S-18W Rooks County, Kansas

### Dear Mindy Wooten:

"Your temporary abandonment (TA) application for the well listed above has been approved. In accordance with K.A.R. 82-3-111 the TA status of this well will expire 07/18/2020.

- \* If you return this well to service or plug it, please notify the District Office.
- \* If you sell this well you are required to file a Transfer of Operator form, T-1.
- \* If the well will remain temporarily abandoned, you must submit a new TA application, CP-111, before 07/18/2020.

You may contact me at the number above if you have questions.

Very truly yours,

**RICHARD WILLIAMS"**